



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E404125**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00547	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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DATE OF COLLISION	02	-28-	2015	TIME (2400)	0754	COUNTY #	31	MILES	N	E	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
CEDAR ROAD	BLOCK NO. <input checked="" type="checkbox"/>	2300
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253445332
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LAST NAME	TOOMEY	FIRST NAME	AMBER	MIDDLE INITIAL	M
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	2307 CEDAR ROAD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	040750613	STATE	CO	SEX	F	D.O.B. MMDDYYYY	11	-15-	1983
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	593ZIW	STATE	CO	VIN#	4S3BK435XX6301108
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	SUBA	MODEL	LEGACY	STYLE	SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 920 580 057
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4257839961
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LAST NAME	PETHERAM	FIRST NAME	ROBIN	MIDDLE INITIAL	R
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STREET NEW ADDRESS <input type="checkbox"/>	2310 CEDAR ROAD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PETHERR472QN	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11	-15-	1953
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	ARH4321	STATE	WA	VIN#	1GKDT13WXV2545217
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1991	MAKE	GMC	MODEL	JIMMY	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 064 393 441
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E404125**

CASE # **15-00547**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

UNIT #2 was pulling out of her driveway (2310) onto Cedar Rd after another uninvolved vehicle passed the location. UNIT #2 vision was partly obstructed by the morning sun.

UNIT #1 was backing out of her driveway (2307) at the same time as UNIT #2. UNIT #1 did not see UNIT #2 pulling out and collided with UNIT #2 in the middle of the roadway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

02-28-15 11:02 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

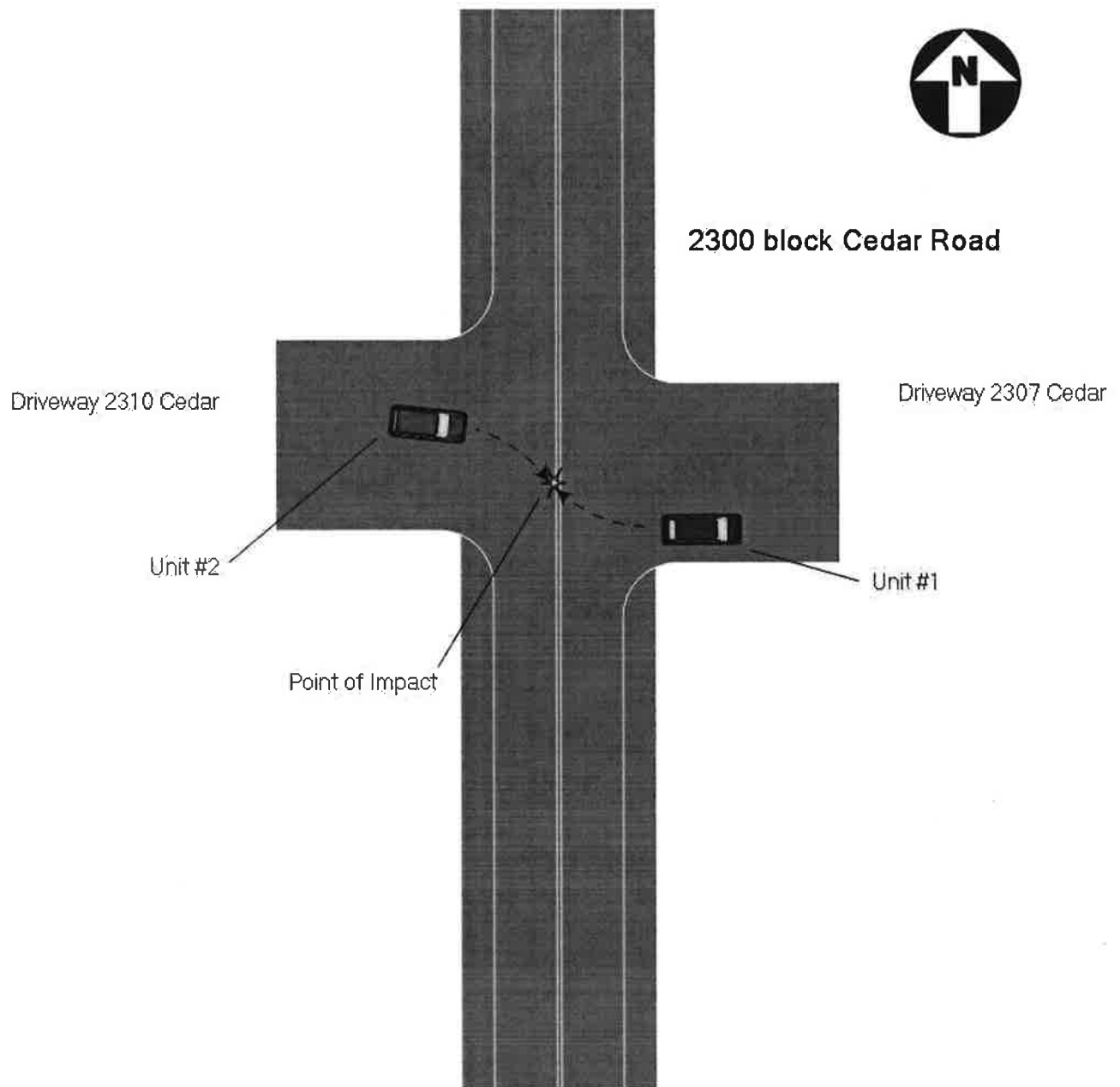
APPROVED BY

DATE

SGT. C. VALVICK 71

2/28/2015 6:19:23 PM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	7:59 AM	TIME POLICE ARRIVED	8:08 AM
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** not to scale **

25MPH

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00547

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) PETHERAM Robin Rae W	RACE W	ETH W	SEX F	DOB 11-15-53	AGE 61	HGT	WGT	HAIR	EYES
STREET ADDRESS 2310 Cedar Rd.		CITY Lk. Stevens		STATE WA.		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425 783-9961		PLACE OF EMPLOYMENT East Side Family Medicine Clinic						
WORK PHONE (425) 453-1039		EMAIL ADDRESS								

I, PETHERAM Robin Rae W DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

at the end of my drive way ready to pull out, saw a car coming L side and waited until it pass.

once it did I pulled forward to my Regal onto the road. at that time I hit the car backing out right of me.

the sun was in my eyes so I did not see anything until after I hit the car.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Robin Rae Petheram</u>	DATE SIGNED: <u>11/28/15</u>	LOCATION SIGNED: <u>my home</u>
OFFICER/NUMBER: <u>D. J. W. #105</u>	DATE SIGNED: <u>2/28/15</u>	LOCATION SIGNED: <u>LAKE STEVENS, WA.</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00547

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Jenny Amber Marie	RACE W	ETH	SEX F	DOB 3/5/83	AGE 31	HGT 5'11"	WGT 135	HAIR Bl	EYES Br
STREET ADDRESS 2307 Cedar Rd		CITY Lake Stevens		STATE WA		ZIP 98256		RES. STATUS		
HOME PHONE		CELL PHONE 425-344-5332		PLACE OF EMPLOYMENT Mill Creek Wellness Center						
WORK PHONE		EMAIL ADDRESS jennamaria2m@gmail.com								

I, Jenny Amber Marie, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At 7:25 (approx) I was getting ready to back out of my driveway on to Cedar Ave. When I first approached the road a white SUV was driving down the road, so I pulled back in to my driveway when he passed I proceeded to back out of my driveway when I reached the center of the road I was hit from behind. The lady said that she didn't see me backing out due to the sun in her eyes.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT		
SIGNATURE: <u>Jenny Amber Marie</u>	DATE SIGNED 2/28/15	LOCATION SIGNED
OFFICER/NUMBER: <u>D. H. W. #105</u>	DATE SIGNED 2/28/15	LOCATION SIGNED LAKE STEVENS, WA

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Incident History for: #SS15003971

Case Numbers: \$SS15000547

Entered 02/28/15 07:56:17 BY SPCT08 SP0401
Dispatched 02/28/15 07:59:09 BY SPDP17 SP0307
Enroute 02/28/15 07:59:09
Onscene 02/28/15 08:08:18
Closed 02/28/15 08:34:42

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377G-5 Group: SS1 Beat: NORT

Src: T

Loc: 2310 CEDAR RD , LKS btwn WILLOW RD & FOREST RD (V)

Loc Info:

Name: PETHERAM, ROBIN

Addr:

Phone: 4254041429

/0756 (SP0401) ENTRY

, CC, IFO RP'S HOUSE, NON BKING, NON INJ, OTHER P
ARTY HAS EXPIRED I NSURANCE CARD, RP WILL WAIT I
NSIDE LOC

/0759 (SP0307) DISPER 19D1

#SS105 IRWIN, OFFICER (DENNIS)

/0808 (SS105) *ONSCNE 19D1

/0811 (SP0307) REMINQ 19D1

VEH, 19D1, 593ZIW, CO, , , , , , 2015, PC, , , , , X, , , ,

/0811 (*****) REMINQ 19D1

ARH4321

/0811 (SP0307) REMINQ 19D1

LIC, 19D1, ARH4321, , ,

/0817 ASNCAS 19D1

\$SS15000547

/0834 CLEAR 19D1

D/H

/0834 CLOSE 19D1

LSPD
ORIGINAL